

# Exhibit D

**From:** [Joshua Mello](#)  
**To:** [Julia Benevides](#)  
**Subject:** Additional documents for discovery  
**Date:** Friday, September 13, 2024 8:00:33 AM  
**Attachments:** [mello 2022 taxes.pdf](#)  
[jm K's taxes 2021.pdf](#)  
[gardencityer.pdf](#)

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Julia,

Here are additional documents related to discovery, I have also included images of Mr.Mello's injuries from October 21, 2021.

Best Regards,  
Rachel



20211021\_190158.jpg



20211021\_190208\_HDR.jpg



20211021\_190212\_HDR.jpg



20211021\_190219\_HDR.jpg



20211021\_190225\_HDR.jpg



20211021\_190231.jpg



20211021\_190237.jpg



20211021\_190244\_HDR.jpg



20211021\_190249.jpg



20211021\_190252.jpg



20211021\_190306.jpg



20211021\_190317.jpg

Name: Mello, Joshua J

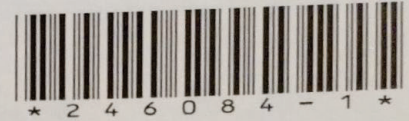
579

DOB: 3/18/1975

Chart: 246084

Age: 46 year old male

Date: 10/24/2021

GARDEN CITY  
TREATMENT CENTER1150 Reservoir Avenue | Cranston, RI 02920  
Tel: (401) 946-2400 • Fax: (401) 946-5862 • gctreatment.com

\* 2 4 6 0 8 4 - 1 \*

## PATIENT INSTRUCTIONS:

Left Rib ContusionMedication escripted to CVS 681 Reservoir Ave  
Cranston.- Naprosyn - Take 1 tablet 2 times a day  
as needed with foodIce area 3 times a day for 15 minutes each time for  
3 days.Every 1-2 hours while awake take a deep breath +  
cough.Any shortness of breath, cough, or fever be evaluated right away.  
Information ProvidedCONDITION ON DISCHARGE: ☐ SAME☐ IMPROVED☐ EXPIRED☐ HOSPITALTRANS. ON DISCHARGE: ☐ AMBULANCE/RESCUE☐ AMBULATORY☐ WHL CHR☐ REL/FRIEND'S CAR

YOUR TREATMENT HAS BEEN PROVIDED ON AN EMERGENCY BASIS ONLY.

IF SYMPTOMS DO NOT IMPROVE AFTER 2-3 DAYS OR IF SYMPTOMS WORSEN, FOLLOW-UP AT GCTC, THE HOSPITAL, OR WITH YOUR PCP FOR A REEVALUATION ASAP

MD/NP'S SIGNATURE

RN'S SIGNATURE

PATIENT'S SIGNATURE

CLINICAL SUMMARY TO PATIENT  
PLEASE BRING TO PCP

**YOU HAVE BEEN PRESCRIBED Naprosyn**  
**A SIMILAR MEDICATION TO THOSE SOLD**  
**OVER THE COUNTER AS ANTI-INFLAMMATORY.**  
**DO NOT TAKE ADDITIONAL MOTRIN, ADVIL,**  
**ALEVE, OR ASPRIN. 1 DAILY DOSE**  
**OF ASPRIN AS ORDERED BY YOUR PHYSICIAN**  
**IS PERMITTED.**



Name	Joshua Mello	Document Created	Oct 24, 2021
Patient ID	246084	Location:	Garden City Treatment Center
Encounter Date	Oct 24, 2021		
Encounter Provider	Garden City Treatment Center, Inc	Address:	1150 Reservoir Avenue Suite 100 Cranston, RI, 02910
		Phone:	(401) 946-2400

<b>Demographics</b>			
Address	37 Lafayette St Providence, RI, 02919	Race	White
Phone	Home: (401) 426-0778 Work: Fax:	Ethnicity	
Email:	@	Preferred Language	eng (ISO639-2)
Birthdate	Mar 18, 1975		
Sex	Male		

Diagnoses						
Description	Status	Code	Diagnosis Date	Last Modified Date	Type	Source
Contusion of left front wall of thorax, initial encounter	Active	428016006 (SNOMED-CT)	Oct 24, 2021	Oct 24, 2021	Diagnosis	SRS EHR by SRSsoft (EHR)

Vital Signs				
Date	Height/Length	Weight	BMI	Blood Pressure
Oct 24, 2021	67.00 in	210.00 lbs	32.9	117 / 77

Medications Administered During Visit							
Drug Name	Code	Date	Dosage	Strength	Route	Quantity	Status
No Data Available							

Medications										
Drug Name	Code	Date	Form	Strength	Route	Quantity	Refills	Instruction	Status	Source
Naprosyn	105899 (RxNorm)	Oct 24, 2021	tablet	500 mg	by mouth	20	0	Take 1 tablet by mouth twice a day .	Active	SRS EHR by SRSsoft. (EHR)

Immunizations									
Vaccine	Disposition	Route	Site	Code	Date	Lot#	Manufacturer Name	Amount/Unit	Source
No Data Available									

Allergies							
Type	Code	Date	Description	Agent	Reaction	Status	Source
No Data Available							

Social History					
Description	Status	Code	Start Date	Quit Date	Source
No Data Available					

Procedures				
Procedure	Code	Date	Disposition	Source
No Data Available				

Results			
Test	Date	Status	Source
No Data Available			

Care Team
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Provider Name	Provider Contact Information	Role
Garden City Treatment Center, Inc		

<b>Plan of Care</b>		
Care Plan		
<b>Notes</b>	<b>Date</b>	
None Specified		
<b>Diagnostic Tests Pending</b>		
<b>Description</b>	<b>Code</b>	<b>Date</b>
No Data Available		
<b>Future Appointments</b>		
<b>Provider</b>	<b>Date</b>	<b>Location</b>
No Data Available		
<b>Future Scheduled Tests</b>		
<b>Description</b>	<b>Code</b>	<b>Date</b>
No Data Available		
<b>Future Scheduled Procedures</b>		
<b>Description</b>	<b>Code</b>	<b>Date</b>
No Data Available		

<b>Referral to Providers</b>	
Provider Name	Provider Contact Information
No Data Available	

<b>Reason for Visit</b>	
Date	Reason
No Data Available	

<b>Instructions</b>	
Recommended Patient Decision Aids	
<b>Patient was supplied with educational material on:</b>	
No Data Available	
<b>Clinical Instructions</b>	
<b>Instruction</b>	<b>Date</b>
No Data Available	

Electronically generated by SRS EHR